

Permission Slip

As the parent or legal guardian of _____,
I hereby give my permission for this child to participate in an outing with Troop 250.

Activity:
Summer Camp

Location:
Blue Ridge Scout Reservation, Virginia

Departure Time: 8:00 AM

Date: 06/18/2017

Fort Mill BBQ

Return Time: 12:00 PM

Date: 06/24/2017

Grace Presbyterian Church

In consideration of the benefits to be derived from participation of the above described activity, I/we waive voluntarily any claim against the local Council, or the National Council, the chartered Unit, its chartered institution and all leaders of the Boy Scouts of Americas for any and all causes which may arise in connection with the activities of the above named organizations.

This is to further grant permission to the leaders of the above unit to render first aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

Medications to be taken while on this camp must be reported on the "Prescription Medication Dosing Form" for summer camp.

Note: The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A scout leader can agree to accept the responsibility of making sure a Scout takes the necessary medication at the appropriate time, but these instructions should be in writing.

Our son, or ward, is covered by health and accident insurance by contract with the insurance company named below:

Please remember to carry a copy of your medical form Part A and B along with a copy of your insurance card with you as you travel to and from the outing.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ Date: _____
(Parent or Guardian)